

Idaho Department of Correction 	Standard Operating Procedure	Title: Prison Rape Elimination		Page: 1 of 27
		Control Number: 149.01.01.001	Version: 6.0	Adopted: 08-17-2004

Bree Derrick, deputy director, approved this document on 01/21/2021.

Open to the public: Yes

SCOPE

This standard operating procedure (SOP) applies to Idaho Department of Correction (IDOC) employees, residents, contractors, volunteers, and any person who is involved directly or indirectly in the care and custody of residents.

Revision Summary
Revision date (01/21/2021) version 6.0: Changed SOP control number to reflect this SOP being cross-divisional. This revision provides extended time limits for PREA incident reporting and adds an expedited grievance system process for reporting allegations.

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BOARD OF CORRECTION IDAPA RULE NUMBER

None

POLICY CONTROL NUMBER

149 Prison Rape Elimination

PURPOSE

This document outlines the department’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment to support the IDOC zero-tolerance standard.

RESPONSIBILITY

Director

The director is responsible for:

- Selecting a Prison Rape Elimination Act (PREA) coordinator to develop, implement, and oversee the department PREA program to reduce and prevent sexual abuse and sexual harassment in prisons and community reentry centers.
- Reviewing and signing the annual reporting document.

PREA Coordinator

The PREA coordinator is responsible for:

- Coordinating and leading department PREA compliance efforts.
- Ensuring consistency in staff training and the education of residents by approving all materials.
- Updating PREA informational materials including posters, pamphlets, and videos.
- Developing and maintaining memorandums of understanding (MOUs) and other resources to support facilities.
- Acting as liaison between the department and PREA auditors.

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- Conducting an annual review of the [PREA Facility Staffing and Post Plan Review](#) form with PREA compliance managers.
- Developing data collection, reporting, and trend evaluation processes.
- Reviewing facility processes and field memorandums to ensure consistency and compliance in PREA practices.
- Maintaining statewide PREA reporting options and ensuring PREA hotline calls are directed to prisons leadership, facility leadership, the PREA coordinator, and PREA compliance managers.
- Maintaining a confidential folder on the internal server (PREA File) for retention of PREA investigations, notifications, tracking, and training and education materials. The folder is accessible to all facility PREA compliance managers and other select staff approved by PREA coordinator.

Facility Heads

Facility heads are responsible for:

- Assigning a second in command to serve as the PREA compliance manager to oversee facility PREA compliance efforts.
- Coordinating required sexual abuse incident reviews.
- Implementing the [Prison Rape Elimination Field Memorandum–Prisons](#) or the [Prison Rape Field Memorandum–CRC](#).
- Reporting alleged sexual abuse at other facilities to facility leadership.

PREA Compliance Managers

PREA compliance managers are responsible for:

- Maintaining contact with the PREA coordinator.
- Coordinating facility PREA compliance efforts and compiling audit files.
- Coordinating facility housing efforts to ensure vulnerable individuals are not housed with potentially abusive residents.
- Coordinating the investigation, finding reports to the residents, and retaliation-monitoring processes.
- Leading the administrative sexual assault response team (SART).
- Reviewing PREA information posted in housing units and provided to residents to ensure it is current, adequate, and documenting the quarterly check in the facility PREA audit file.
- Testing the PREA hotline quarterly from one of the phones designated for use by residents to ensure the line is working properly and triggering alerts to facility and division leadership.

Human Resource Director

The Human Resource director is responsible for:

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- Ensuring PREA training is included in new employee pre-service and support service academies and maintaining training records of the new employee trainings.
- Notifying appropriate licensing bodies of staff sexual misconduct.
- Responding to reference checks required by PREA standards.

Training Managers

The training managers for the Division of Prisons and Probation and Parole are responsible for:

- Ensuring that annual IDOC-approved PREA training is completed.
- Maintaining training records for in-service PREA training.

Volunteer Program Coordinator

The volunteer program coordinator is responsible for:

- Ensuring IDOC-approved PREA training is completed for all volunteers entering prisons and maintaining training verification.

Management Services Chief

The chief of Management Services is responsible for:

- Ensuring all contractors providing services to, or housing residents, comply with PREA standards.
- Ensuring IDOC-approved PREA training is provided and documented by the contractor or IDOC.
- Monitoring contracts for compliance to PREA standards.

Medical Services Provider

The medical services provider is responsible for:

- Stabilizing patient and sending the PREA nursing encounter form and medical history to hospital for off-site forensic exams.
- Following evidence protocol to protect forensic evidence.
- Ensuring appropriate medical treatment is provided, and medical follow-ups are completed.
- Notifying appropriate licensing bodies of contractor sexual misconduct.

Clinical Supervisor

The clinical supervisor is responsible for:

- Providing crisis intervention services as needed.
- Ensuring mental health evaluation is completed, and appropriate treatment provided.
- Providing access to outside care when deemed appropriate.

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STANDARD PROCEDURES

1. General Statement

The department supports the zero-tolerance standard for sexual abuse and sexual harassment by aggressively responding to, investigating, and supporting the prosecution of incidents of sexual abuse and sexual harassment in all department facilities. The department uses internal administrative disciplinary processes and external partnerships with law enforcement and prosecutors to enforce the standard.

The department cooperates with outside investigators, requests updates on progress in the cases, and requests that outside law enforcement responding to PREA investigations follow PREA requirements.

When the department conducts its own investigations into allegations of sexual abuse and sexual harassment, it is done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports.

The department increases awareness of safe reporting mechanisms through education of staff, residents, volunteers, vendors, and contractors, to create institutional cultures that discourage sexual abuse and sexual harassment.

The department separates, where appropriate, and carefully monitors both residents who are sexually abusive and those who may be vulnerable to reduce the incidence of sexual abuse and sexual harassment through classification, housing assignment, review of new technologies, and improvements to institution architecture where feasible.

Sexual contact between staff, volunteers, contractors, vendors and residents, regardless of consensual status, is prohibited and subject to administrative disciplinary sanctions and criminal prosecution. (See Policy [219](#), *Sexual Misconduct with Offenders*.)

The department collects data to accurately track sexual abuse and sexual harassment, and uses the information to improve operations, employee training, orientation for the newly incarcerated, and services toward a sustainable zero-tolerance standard.

The department protects the confidentiality of the victim of sexual abuse and provides available services necessary to help with recovery.

2. Consensual Contact Between Residents

Before an investigation, it is often unknown if sexual contact between residents is sexual abuse or consensual sexual activity. When it is determined the sexual contact is consensual, the procedure converts to disciplinary action based on SOP [318.02.01.001](#), *Disciplinary Procedures for Residents*. Consensual sexual activity between residents is a rule violation, not sexual abuse.

3. Prevention

Preventing sexual abuse includes many core correctional practices such as direct supervision, camera surveillance and an expectation of professional behavior for staff and appropriate behavior for residents.

Unhealthy dynamics that require staff intervention include verbal harassment, protection offers, gifts, favors, rule violations, signs of coercion, or other attempts to establish power and dominance over others.

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Organizational Structure

IDOC administrative prevention efforts include designating a PREA coordinator and PREA compliance managers with sufficient authority to oversee changes required to enhance prison safety.

Staffing and Post Plan

The department ensures that each facility develops and documents a staffing and post plan that provides for adequate levels of staffing to protect residents against sexual abuse. Any deviations from the plan must be documented in staffing logs. The PREA coordinator and PREA compliance managers review staffing annually.

Unannounced Supervisory Rounds

Institutional leadership, including lieutenants, sergeants, program managers, and above, must conduct and document in unit logs random, unannounced rounds to deter staff sexual abuse and sexual harassment. Unannounced rounds will be conducted randomly on all shifts and units to enforce the IDOC's zero tolerance standard. Staff is prohibited from alerting other staff members that the supervisory rounds are occurring.

Presence of Opposite Gender Staff, Contractors, and Volunteers

Opposite-gender staff, contractors, and volunteers must announce their presence when entering a living area. A living area is an area where residents are likely to be showering, performing bodily functions, or changing clothes. In secure facilities, this is the entry point into a distinctive living area, sometimes described as the entry door. At community confinement facilities, community reentry centers and the St. Anthony Work Camp, this is the entry threshold into the restroom area. Such an announcement must be made every time a staff member or visitor of the opposite gender enters the living area, unless another opposite-gender staff member or visitor is visibly present in the living area at the time of entry.

Opposite-gender staff must verbally announce "male on tier," "female on tier," or similar professional language. The announcement will be made in a normal voice, appropriate to the level of activity in the living area.

- Standardized signs outside living areas remind opposite-gender staff members to announce their presence when entering and alert staff to announcement modifications when required.
- Residents with disabilities will be advised of how announce procedures are modified to ensure all residents receive notice.

Residents must be given an opportunity to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems.

Physical Plant and Technology

The IDOC must consider how design and technology enhance the department's ability to protect residents from sexual abuse:

- When designing or acquiring any new facility.
- When planning any substantial expansion or modification of existing facilities.

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- When installing or updating a video monitoring, or other monitoring technology.

4. Training

To be most effective in providing a safe environment, IDOC staff members must recognize the signs of sexual abuse and sexual harassment and understand their responsibility in the detection, prevention, response and reporting of alleged sexual abuse or sexual harassment of residents.

The PREA coordinator ensures that all IDOC PREA training meets PREA standards and approves all PREA training materials for staff, contractors, and volunteers. The facility training coordinator ensures training is properly delivered and documented.

Staff, volunteers, and contractors must verify by signature, or electronic confirmation, that they have received and understand the PREA training.

Training records for IDOC-delivered pre-service and in-service training for IDOC staff are stored in the electronic Relias training system. Contractors maintain records of all contractor-delivered PREA training in their employees' training files. The volunteer coordinator maintains training records.

Staff and Facility-assigned Contractor Training

All department staff and facility-assigned contractors who may have contact with residents receive mandatory face-to-face PREA training on the department's zero-tolerance standard for sexual abuse and sexual harassment every two years. The department provides refresher PREA information in years when trainings are not provided.

Required training includes:

- IDOC's zero-tolerance policy on sexual abuse and sexual harassment.
- How to fulfill staff, contractor, and volunteer responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment.
- Residents' right to be free from sexual abuse and sexual harassment.
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in correctional facilities.
- The common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, and gender non-conforming.
- How to comply with laws that require mandatory reporting of sexual abuse to outside authorities.

Volunteers, Contractors

The department trains volunteers and contractors on their PREA responsibilities based on the services they provide and level of contact they have with residents. All volunteers and contractors are notified of the zero-tolerance standard for sexual abuse and sexual

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harassment and informed on how to respond if they observe or receive a report of sexual abuse or sexual harassment.

Limited service contractors and non-facility staff who will be unescorted while in facilities and have not received PREA training in the past year, must verify understanding of PREA information by reading and signing the [PREA Limited Services Training](#) form. A signed copy of the form must be kept in the facility's PREA training file.

Specialized Training

The department requires specialized training for medical and mental health professionals, and department investigators.

Medical and mental health care professionals

Full and part-time medical and mental health care providers who regularly work in facilities must receive the following specialized training which includes:

- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The medical contractor provides the necessary specialized medical training for its employees and maintains training records in the employee file. The medical contractor also provides PREA training rosters annually during compliance audits and sends them to the PREA coordinator when PREA trainings are completed.

Clinical supervisors ensure mental health care staff receive the specialized training and maintains training records on Relias.

Investigators

Staff investigating sexual abuse must receive the specialized training which includes:

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- Criteria and evidence required to substantiate a case.

The intelligence and investigations coordinator ensure investigators receive the training and maintains training records.

5. Resident Education

During the reception and diagnostic unit (RDU) process, residents receive initial information on PREA, followed by comprehensive education within 30 days. They receive written and oral information regarding:

- The department's zero-tolerance policy on sexual abuse and sexual harassment, and residents' and CRC residents' right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents.

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- How to avoid sexual contact in prison.
- The risks and consequences of engaging in sexual activity.
- How to report sexual abuse and sexual harassment.
- What defines a false accusation and the consequences of making a false accusation.
- How to obtain counseling services and medical assistance if victimized.
- Outside emotional support services and confidentiality offered.

This information is available in printed, oral, electronic and video formats. English, Spanish and closed-captioned versions make it accessible to residents, including (but not limited to) those who have limited English proficiency, are deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills. Only materials reviewed and approved by the PREA coordinator may be used. Approved education materials are on the internal server in the PREA folder that is accessed and managed by the PREA coordinator.

Residents must sign a training sheet confirming that they have received the training. The RDU manager logs a training verification in the electronic resident record that states the following: Attended PREA orientation, watched video, discussed reporting methods, services available, expectations, and how to stay safe. The signed training sheets must be filed and retained for three years.

All residents receive education when transferred to a different facility if facility-specific resources are different. They must verify by signature that they have received PREA education and facility-specific PREA information.

6. Placement of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Residents

The department does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on such identification or status.

The IDOC considers the management and placement of transgender or intersex residents on a case by case basis. Health and safety, operational management, security, and mental health needs are considered. Serious consideration is given to the resident's own views regarding safety.

Hygiene

Transgender and intersex residents must be given the opportunity to shower separately.

7. Youthful Residents

Residents under the age of 18, also known as "youthful residents", must not be placed in a housing unit in which they have sight, sound, or physical contact with any adult resident through use of a shared dayroom or other common space, shower area, or sleeping quarters.

In areas outside of housing units, the department must maintain sight and sound separation between youthful residents and adult residents or provide direct staff supervision when youthful residents and adult residents have sight, sound, or physical contact. Direct staff supervision means that security staff are in the same room with, and within reasonable hearing distance of, the resident.

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The IDOC manages youthful residents on a case-by-case basis at the direction of the chief of prisons or designee. When needed, the facility head will develop a written plan for short-term housing of a youthful resident until permanent placement is located.

State law requires agencies notify the Idaho Department of Health and Welfare of any reported abuse involving a juvenile.

8. Reporting

Reporting by Residents

The department provides multiple methods for residents to report sexual abuse, sexual harassment, retaliation by other residents or staff, staff neglect, or staff violation of responsibilities that may have contributed to such incidents.

All reports of sexual abuse and sexual harassment must be investigated. Incidents involving potentially criminal acts are referred to law enforcement for investigation and potential prosecution.

The department does not rely on interpreters from the prison population to help residents who are disabled or have limited English proficiency report sexual abuse, unless a delay would compromise the resident or CRC resident's safety. Whenever possible the department uses a staff member, or an alternative source such as the AT&T Language Translation Service: Language Line Service.

The best method of reporting is the quickest and safest method available to the resident at the time. Generally, the best methods are:

- Oral report to any staff member
- Written report to any staff member
- Voicemail report to the PREA hotline

Confidential Reporting

Residents can report sexual abuse or sexual harassment to the Idaho Sheriffs' Association (ISA). Mail to this reporting option may be sent confidentially in accordance with SOP [402.02.01.001](#), *Mail Handling in Correctional Facilities*. The resident can request that the ISA remove identifying information and keep the source of the information anonymous. Information sent to this outside option is forwarded to the PREA coordinator for investigation.

Idaho Sheriffs' Association
3100 Vista Ave., Suite 203
Boise, ID 83705

Family and Community Reporting

The department accepts and investigates reports of sexual abuse or sexual harassment made on behalf of a resident.

The department website, www.idoc.idaho.gov, provides a telephone number and e-mail address for third party reporting outside of facilities.

The Helpline is 1-800-361-6286.

The email option is victimservices@idoc.idaho.gov.

The Helpline and email are checked during normal business hours.

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Staff, contractors, and volunteers may also use these options to privately report sexual abuse or sexual harassment.

9. Concern Forms and Grievances Regarding Sexual Abuse

Concern forms and grievances can be used for reporting sexual abuse but may result in a slower response. If information received in a concern form or grievance indicates a resident may be at substantial risk for sexual abuse, the process is stopped and the facility reverts to procedures outline in section 11 of this SOP.

Concern Forms

- Any concern form alleging sexual abuse should be kept confidential and may be submitted to the facility head, PREA compliance manager, PREA coordinator, or any staff member, including central office staff. It should not be submitted or referred to the subject of the allegation.

Grievances

The following guidelines apply to any grievance that pertains to sexual abuse or staff sexual misconduct:

- Time limits for filing a grievance do not apply to sexual abuse specific elements but may be applied to unrelated concerns contained in the same grievance.
- The three-grievance limit does not apply.
- Informal resolution is not required.
- Grievance coordinators must not reject a grievance or allegation of sexual abuse.
- The grievance should be confidential and may be submitted to the facility head, PREA compliance manager, or PREA coordinator for review and appropriate referral. It should not be submitted or referred to the subject of the investigation.
- A final decision on the merits of any portion of a grievance is required within 90 days of receiving the grievance. Computation for the 90-day time period does not include time consumed by the resident in preparing an appeal. An extension may be granted based on normal grievance procedures. If an extension is granted, notify the resident in writing and provide a date when the final decision will be made.
- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, can assist the resident submitting the grievance.
- Third parties may submit such allegations on behalf of an resident. Third parties are not required to use the standard grievance form when submitting an PREA grievance. If the alleged victim denies the allegation, declines to participate, and there is no evidence to support it, the allegation will be deemed unfounded and closed.
- If it is determined that the resident submitted a sexual-abuse related grievance containing false allegations, disciplinary action may be taken in accordance with SOP 318.02.01.001, *Disciplinary Procedures for Residents*.

10. Staff Reporting

All staff, volunteers, and contractors must immediately report orally and in writing any knowledge, suspicion, or information received from any source regarding an allegation or

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incident of sexual abuse and sexual harassment to the shift commander. When the department learns that a resident is at risk of imminent sexual abuse, immediate action is required by the shift commander to protect them.

Staff, volunteers, and contractors must keep the report and its contents confidential, except as necessary to facilitate investigation of the allegation and administrative or criminal proceedings.

The reporting staff, contractor, or volunteer must write an incident report before leaving the facility and forward it to the shift commander.

Staff, contractors and volunteers may privately report sexual abuse or sexual harassment using these options.

The Helpline is 1-800-361-6286.

The email option is victimservices@idoc.idaho.gov.

The Helpline is managed by Special Investigations Unit. The email is managed by the PREA coordinator. Both are checked during normal business hours.

Failure to Report

Any staff member, contractor, or volunteer found to have failed to report sexual abuse or sexual harassment of a resident, retaliation by other residents or staff, staff neglect, or staff violation of responsibilities that may have contributed to such incidents, is subject to disciplinary or other appropriate action, up to and including termination. Volunteers and contractors may be denied access to the facility for failure to report.

Reporting to Other Confinement Facilities

If a resident reports being sexually abused while confined in another facility, either within or outside IDOC's jurisdiction, the shift commander must report the information directly to the facility head.

The facility head will notify the agency or facility head where the alleged abuse occurred. All notifications must be made within 72 hours and copied to the PREA coordinator. The PREA coordinator will log and file notifications in the PREA folder.

11. Response and Investigation

Sexual abuse and sexual harassment are considered a major incident and require immediate response in accordance with SOP [105.02.01.001](#), *Reporting and Investigation of Major Incidents*.

An investigator who has received PREA-required investigation training must interview all residents involved in an allegation of sexual abuse. If an investigator cannot respond, the shift commander may conduct the initial interviews and take appropriate action based on the information available at the time. However, an investigator must conduct follow up interviews with those involved as soon as possible. If the investigator finds additional or conflicting information, the investigator must initiate steps in accordance with this section.

Response Based on When the Incident Occurred

The amount of time that has lapsed between the abuse and the discovery or report affects specific steps of the response. If the alleged sexual abuse occurred within five calendar days, then forensic evidence can be obtained from the victim and the perpetrator.

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If the alleged sexual abuse did not occur within five days, the basic response detailed in this section remains the same.

First Responder

When the department receives an allegation that a resident was sexually abused, the first staff member to respond must:

- Separate the alleged victim and abuser, if they have not already been separated.
- Immediately contact the shift commander.
- Preserve and protect any crime scene until evidence is collected.
- Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within five calendar days.
- Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within five calendar days.

If the first staff responder is not a security staff member, request that the alleged victim take no actions that could destroy physical evidence and notify security staff.

12. Sexual Assault Response Team (SART)

The facility leader must detail a facility-specific coordinated response in the standardized *Prison Rape Elimination Field Memo*. The FM must name a PREA compliance manager; identify resources to support the initial response and administrative SART and identify the community SART. When a facility does not have the required response team members on staff, the FM must identify how those duties will be covered. The FM will be updated annually or in a timely manner when changes occur. The facility initial response SART usually includes:

- Shift commander
- Medical staff
- Mental health staff
- Investigator

The initial response SART is responsible to work with the shift commander or duty officer for the immediate management of the victim to include medical evaluation, crisis intervention, and temporary housing decisions.

Alleged sexual abuse victims should not be housed on the same unit as the alleged abusers. Sexual abuse victims should be housed in the least restrictive environment possible and should be allowed to retain personal property that does not present a legitimate security concern. After a sexual abuse exam has been completed (or refused), victims should be given access to a shower, food, and drink. Telephone calls to family, visits from clergy, community victim services coordinators, etc., should be allowed whenever possible.

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If initial response SART members cannot agree on a housing assignment, the shift commander must notify the facility duty officer. The facility duty officer then decides the sexual abuse victim's housing assignment.

The *PREA Sexual Abuse or Contact Checklist* provides step-by-step guidance for sexual abuse incidents.

Functional Roles and Responsibilities	Step	Tasks
Staff Member	1	Detects or learns of an alleged sexual abuse, or an alleged consensual sexual contact.
First Responder, Security	2a	Ensure that the alleged victim is safe and separated from the alleged abuser. Notify the shift commander. Request that the alleged victim and ensure the alleged abuser do not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating.
First Responder, Non-Security	2b	Ensure that the alleged victim is safe. Request that the alleged victim not take any actions that could destroy physical evidence. Notify security staff immediately.
Shift Commander	3	Obtain the PREA Sexual Abuse or Contact Checklist , and begin the required documentation.
Shift Commander	4	Notify investigator.
Shift Commander	5	When residents claim sexual activity is consensual, interview both individuals separately. If the interviews support possible sexual abuse, continue to step 7. If the interviews and evidence support that the allegation is unfounded: <ul style="list-style-type: none"> Complete the applicable sections of the <i>PREA Sexual Abuse or Contact Checklist</i> and forward the original checklist with all reports and documentation to the investigator, and copies to the PREA compliance manager, facility duty officer, and PREA coordinator. If interviews and evidence support consensual activity between the two residents, <ul style="list-style-type: none"> Ensure that disciplinary procedures are followed in compliance with SOP 318.02 01.001, <i>Disciplinary Procedures: Resident</i>.

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Functional Roles and Responsibilities	Step	Tasks
		<ul style="list-style-type: none"> Complete the applicable sections of the PREA Sexual Abuse or Contact Checklist and forward the original of the checklist with all reports and documentation to investigator, and copies to the PREA compliance manager, facility duty officer, and PREA coordinator. <p>If the interviews support that the allegation was unfounded or that the activity was consensual, the process ends here.</p>
Shift Commander	6	<p>If sexual abuse occurred within five calendar days, and a sexual assault forensic exam should be completed, the victim must be escorted to medical for immediate care in preparation for transport to the hospital.</p> <ul style="list-style-type: none"> Secure the alleged abuser in a cell with water turned off to preserve evidence Collect the alleged abuser's clothing to maintaining a chain of custody in accordance with SOP 116.02.01.001, Custody of Evidence, until it can be turned over to the law enforcement agency with jurisdiction. Ensure that the victim's clothing is collected before leaving the facility to maintain a chain of custody. Contact local law enforcement and request an immediate investigation. Notify the hospital that a possible rape victim is being transported and request that the hospital sexual assault response team (SART) be activated. (Transport in accordance with SOP 322.02.01.001, Transports: Medical, Court, Family Emergency, and State.)
Shift Commander	7	Activate the facility SART to coordinate response and ensure that victim receives timely on-site medical care for emergency needs and is assigned a staff person for mental health support.
Shift Commander	8	Request medical prepare all required documents for hospital transport.
Shift Commander	9	If the abuse did not occur within the last five calendar days, base the response on the following steps applicable to the situation.

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Functional Roles and Responsibilities	Step	Tasks
Shift Commander	10	Secure the alleged abuser in a different unit than where the victim is housed.
Shift Commander	11	Notify the facility head or facility duty officer.
Facility Head or Facility Duty Officer	12	Provide guidance if required. When an allegation or circumstances require it, call the administrative duty officer to ensure department resources are deployed.
Shift Commander	13	Document the facility head contact on the <i>PREA Sexual Abuse or Contact Checklist</i> and implement guidance.
Shift Commander	14	Ensure that evidence is gathered for law enforcement investigation, based on guidance in SOP 116.02.01.001, <i>Custody of Evidence</i> , and as requested by law enforcement. Maintain the custody of evidence, until it is turned over to the law enforcement agency with jurisdiction.
Shift Commander	15	Notify the facility clinician or mental health professional (if not a member of SART).
Shift Commander	16	Complete and transmit a <i>105 Incident Report</i> .
Shift Commander	17	Ensure that involved staff members, contractors, and volunteers, complete reports before they leave the facility.
Shift Commander	18	Ensure that medical discharge instructions from the hospital are delivered directly to facility medical staff and copies of the forensic exam summary are delivered to medical and investigations.
Shift Commander	19	Forward completed checklists to the facility PREA compliance manager, the facility duty officer, facility investigations, and PREA coordinator usually immediately, but within 72 hours.
PREA Compliance Manager	20	Create PREA incident action plan with administrative SART to best support the victim and investigation.
PREA Compliance Manager	21	Verify that a qualified mental health professional performed a risk and needs assessment within 24 hours in accordance with this SOP.
PREA Compliance Manager	22	Update the PREA coordinator within 72 hours.

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13. Staff Sexual Misconduct Allegations

Some Evidence

In sexual abuse cases involving a staff member, contractor, or volunteer, additional steps are required. If the initial review finds some evidence supporting the allegation that staff-resident abuse may have occurred, or law enforcement is contacted, the shift commander must contact the warden or facility duty officer, the administrative duty officer (ADO) and special investigations unit (SIU).

SIU must accept the investigation and perform the staff and contractor interviews, or provide input to trained facility investigators on how to proceed with staff or contractor interviews in conformance with SOP [150.01.01.006](#), *Administrative Investigations*. The ADO will involve human resources staff as needed to ensure proper procedures are followed if a staff or contractor must be removed from the facility.

In SIU cases referred to law enforcement, SIU will request law enforcement updates on progress in open staff-resident cases, and inform department leadership, facility leadership, and the PREA coordinator of key developments including case dismissal, referral for prosecution, indictments, convictions, and acquittals.

In sexual misconduct cases involving staff or contractors, SIU must send finding notifications to HR, the contractor, when relevant, and the PREA coordinator. Notifications to licensing boards will be sent by the employer and copied to SIU and the PREA coordinator.

SART and administrative SART actions supporting the victim must be completed according to policy guidance below.

Functional Roles and Responsibilities	Step	Tasks
Shift Commander	1	<p>If the allegation involves a staff member or agent of the department and includes some evidence, contact:</p> <ul style="list-style-type: none"> The facility head or facility duty officer (The facility head may notify the administrative duty officer) The administrative duty officer The special investigations unit
Shift Commander	2	<p>Based on leadership input:</p> <ul style="list-style-type: none"> Contact local law enforcement <i>If staff, remove from facility, only after conferring with the facility head, ADO, and SIU</i> If volunteer, remove from facility after conferring with facility head
Shift Commander	3	<p>Forward completed checklists to the facility PREA compliance manager, the facility duty officer, facility investigations, SIU, PREA coordinator usually immediately, but within 72 hours.</p>

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Administrative Duty Officer	4	Make notifications required at department leadership level to include human resources.
Special Investigations Unit Chief	5	Monitor or oversee all staff and contractor interviews in sexual misconduct cases
Special Investigations Unit Chief	6	Seek updates and provide timely updates on staff sexual misconduct cases to department leadership, facility leadership, and the PREA coordinator.
PREA Compliance Manager	7	Ensure administrative SART actions are completed after consultation with SIU.

No Evidence

When a staff-resident sexual abuse allegation is made, but the initial review finds no evidence supporting the allegation, the shift commander will complete and forward the PREA checklist, and reports to investigations and the PREA compliance manager for prioritization and assignment. The shift commander will consult facility leadership on how to separate the alleged victim and accused staff member until the investigation is completed. Temporarily reassigning a staff member to another unit or another facility is usually appropriate.

The shift commander will forward PREA checklists for all staff-resident allegations of sexual abuse and sexual harassment to SIU in addition to the other required distribution.

Functional Roles and Responsibilities	Step	Tasks
Shift Commander	1	If the allegation involves a staff member or agent of the department but no immediate threat exists, contact the facility head or facility duty officer.
Shift Commander	2	Assign an investigator to collect information and evidence.
Shift Commander	3	Ask the facility head or duty officer if the staff member or contractor should to be reassigned to a different unit than where the victim is housed or removed from the facility. If volunteer or visitor, remove from facility after conferring with facility head.
Shift Commander	4	Forward completed checklists to the facility PREA compliance manager, the facility duty officer, facility investigations, SIU, and PREA coordinator usually immediately, but within 72 hours.
Investigator	5	Gather initial evidence and information reports. Keep SIU informed of process.

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14. Administrative Sexual Assault Response Team (SART)

Sexual abuse incidents require on-going monitoring, support and follow-up. The administrative sexual assault response team (SART) assumes responsibility after the initial response and establishes the PREA incident action plan to ensure a victim-focused response. The administrative SART usually includes:

- PREA compliance manager (PCM)
- Investigator
- Clinical supervisor, or mental health professional
- Medical representative

An incident action plan should be developed within 72 hours of the initial response in sexual abuse cases. The PCM may use the [PREA Incident Action Plan](#) form to guide and track required actions. The action plan ensures the victim is supported and that medical and mental health follow-ups, resident reporting, retaliation checks, and an incident review are completed in a timely manner.

SART ensures a balanced multi-disciplinary team approach is used when making decisions regarding a sexual abuse victim in the immediate crisis and in providing follow-up support services.

15. Medical and Mental Health Services

Victims of sexual abuse receive prompt access to emergency medical treatment and crisis intervention based on the nature and scope of the abuse as determined by a medical or mental health professional. These services are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Forensic Examinations

Facility medical staff must stabilize and provide emergency medical care prior to transport for a forensic exam. Medical staff must send the victim's medical history and the PREA Nursing Encounter (medical records form) to the receiving hospital, but no forensic evidence should be collected by facility medical staff.

The forensic medical exam will be performed by a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) at a local hospital. A forensic exam can be completed by qualified medical practitioners at the local hospital if a SAFE or SANE provider is unavailable. The victim may refuse the forensic exam.

A community victim services advocate provides emotional support and explains the forensic exam process.

Facility Forensic Follow-up

Hospitals send sealed medical discharge instructions with the patient. The facility medical staff ensure medical follow-up is completed. The nurse must notify the on-call facility medical provider in a timely manner as needed and ensure the provider is aware a forensic exam was completed.

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Medical Services

When sexual abuse is reported five calendar days or more after the incident, facility medical staff provide appropriate treatment to include a medical assessment, mental health referral, treatment of all injuries, appropriate baseline labs, and prophylaxis for sexually transmitted diseases as described in “*A National Protocol for Sexual Assault Medical Forensic Examinations and the Centers for Disease Control (CDC) Treatment Guidelines.*”

All appropriate follow-up exams and booster vaccines must be scheduled and completed based on the CDC treatment guidelines. Referrals for continued care must be provided upon release from custody as needed.

Victims of sexually abusive vaginal penetration must be offered pregnancy tests. If a sexual abuse results in pregnancy, sexual abuse victims must receive comprehensive information about, and timely access to pregnancy-related medical services.

When a reportable infectious disease, such as HIV, is detected, the medical provider is responsible for reporting it to the state health authority as required by law.

Functional Roles and Responsibilities	Step	Tasks
Medical provider	1	Stabilize and assess the victim. If no off-site treatment and no forensic exam is required complete: <ul style="list-style-type: none"> • Medical assessment • Treat all injuries • Perform appropriate baseline labs • Administer prophylaxis for sexually transmitted diseases • Perform pregnancy testing when appropriate
Medical provider	2	When hospital transport is required, send victim’s medical history to the hospital with the transport officer.
Medical provider	3	Ensure the medical discharge instructions and a copy of the forensic exam summary are received and required follow-up scheduled and completed.
Medical provider (if nurse)	4	Ensure on-call medical provider is informed in a timely manner that an resident was sent for a forensic exam.
Medical provider	5	Schedule and complete appropriate medical follow-ups.

Mental Health Services

Facility mental health providers must provide a mental health evaluation and appropriate treatment to residents who have been victimized by sexual abuse while incarcerated. Services provided must be based on that individual’s identified clinical need.

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Immediate Crisis Intervention

When a SART member is notified of a report of sexual abuse, they will notify the facility clinical supervisor. The clinical supervisor assigns a mental health professional to conduct a screening and complete a [PREA Mental Health Progress Report](#) as quickly as possible, but no later than within 24 hours of receiving a sexual abuse report.

Ongoing Response

A follow-up mental status assessment will be performed within 30 days to monitor for delayed trauma reaction. The same standards as the first assessment apply.

If the resident is suffering from an acute stress reaction as the result of sexual abuse or victimization, the clinician will determine the level of need for services. In most cases, the resident will be referred to current facility mental health services. If a mental health professional determines their mental health needs cannot be met by the facility services, the clinical supervisor is to consult with the Chief of Psychology, who may determine that a service provider outside the employment of IDOC is to be contracted to provide assessment and stabilization services for individual therapy to last approximately six sessions.

Confidentiality and Mandatory Reporting

Information gathered in the mental health assessment must be managed according to laws and policies regarding confidentiality of protected health information.

All staff and contractors, including medical and mental health professionals, are required to report immediately in-custody sexual abuse. State law requires agencies notify the Idaho Department of Health and Welfare of any reported abuse involving a juvenile or vulnerable adult.

Functional Roles and Responsibilities	Step	Tasks
Mental health professional	1	Provide immediate crisis intervention to help stabilize the victim. <ul style="list-style-type: none"> When indicated, follow 315, <i>Suicide Risk Management</i> Participate in SART consultation on housing options to ensure the safety of the resident.
Mental Health Professional	2	Within 24-hours after an allegation, complete mental health status examination. The encounter should be entered into the medical record as a subjective, objective, assessment and plan (SOAP) charting format note.
Mental Health Professional	3	Submit a <i>PREA Mental Health Progress Report</i> to the clinical supervisor, chief psychologist, and PREA compliance manager to verify the evaluation is complete.
Mental Health Professional	4	Provide mental health services at level of care identified. Or:

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Functional Roles and Responsibilities	Step	Tasks
		When indicated, submit an outside counseling request to the clinical supervisor.
Clinical Supervisor	5	Review outside counseling request and consult with the chief psychologist
Mental Health Professional	6	When treatment is completed, the responsible treatment professional submits a final <i>PREA Mental Health Progress Report</i> to the chief psychologist for final review, with copies to the facility clinical supervisor, and PREA compliance manager to confirm PREA treatment is complete.
Chief Psychologist	7	Reviews termination summary on all outside counseling services. Approves additional services if indicated.

16. Confidential Support Services

Residents are provided with access to outside victim advocates for emotional support services related to sexual abuse. The department allows reasonable communication between these individuals and support organizations in as confidential a manner as possible.

Just Detention International (JDI) provides emotional support services related to sexual abuse. Mail to and from JDI is monitored for contraband and items that might threaten the safety of the recipient in accordance with SOP 402.02.01.001, *Mail Handling in Correctional Facilities*. JDI is required to report information that would impact the safety or security of any IDOC facility, or the lives of staff or residents.

Rape crisis centers in five Idaho regions provide victim advocate support for residents during and after a forensic exam. Residents in facilities where local victim advocate support is available receive training on services available and how to access those services.

17. Protection against Retaliation

The department strictly prohibits retaliation against any person for reporting or cooperating in an investigation of sexual abuse or sexual harassment. Any resident or staff member who reports sexual abuse or sexual harassment, or who cooperates with any such relative investigation(s), or, who fears retaliation, must be protected.

The facility PREA compliance manager must assign facility staff to monitor the conduct and treatment of residents or staff who reported the sexual abuse to determine if any activities suggest retaliation by other residents or staff and act promptly to remedy any such retaliation. The *PREA Retaliation Monitoring Form* is used for 90 days to track for retaliation in sexual abuse cases. One initial check in required in sexual harassment cases. The PCM will request additional retaliation checks for harassment when merited. Completed forms are filed at the facility in the PREA compliance manager audit file.

If a sexual abuse or sexual harassment allegation is unfounded, retaliation monitoring can end, unless the facility head determines that further monitoring is warranted. Potential protective measures for residents who fear retaliation include:

- Monitoring disciplinary offense reports

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- Direct monitoring for unusual or abnormal behavior
- Housing reassignment or transfers
- Program changes

Possible retaliation by other residents must be reported to the facility head for further investigation and possible disciplinary action.

Protective measures for staff who fear retaliation include:

- Monitoring for unwarranted and apparent retaliatory performance reviews
- Monitor job reassignments that appear retaliatory

Suspected retaliation must be reported to the facility head and human resources director for further investigation and possible disciplinary action, based on procedures in SOP [205.07.01.001](#), *Corrective and Disciplinary Action*. Retaliation, in and of itself, is grounds for disciplinary action up to and including termination.

18. Findings and Notifications

Findings

When the sexual abuse investigation is completed, facility leadership will determine findings based on the evidence.

- **Substantiated** means an allegation was investigated and determined to have occurred based on a preponderance of evidence.
- **Unsubstantiated** means an allegation was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
- **Unfounded** means an allegation was investigated and determined not to have occurred.

In unfounded cases, sanctions for false reporting will be considered. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred must not constitute a false allegation, even if the evidence does not substantiate the allegation.

Notifications

The PREA compliance manager must ensure the victim is notified of key events, as noted below, **during** and **after** a sexual abuse investigation. All notifications will be documented on the [PREA Finding Report](#). The *PREA Finding Report* must be signed by the staff delivering the notification. The signed *PREA Finding Report* is then filed in the PREA folder.

For all allegations, the victim is notified of the investigation findings, and when criminal indictments or convictions occur. Findings for investigations involving outside agencies or SIU must be delivered in the same manner with the PREA coordinator providing the information for delivery to the victim.

For investigations involving allegations against **staff**, the victim is also notified when the following occurs:

- The accused staff member is no longer posted within the victim's unit.

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- The accused staff member is no longer employed at the facility.

Notifications are no longer required after the resident is released from the custody of the department.

The PREA coordinator must review open PREA cases monthly and notify PREA compliance managers of victims who have been transferred between facilities to ensure the victim continues to receive required services and notifications, unless the victim has requested otherwise.

19. Sexual Abuse Incident Reviews

The facility head or designee must conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation usually within 30 calendar days after the investigation ends, unless the allegation was unfounded.

For substantiated and unsubstantiated incidents, the facility head must assemble a review team comprised of upper-level facility management, which will seek input from:

- Line supervisors
- Investigations
- Medical and mental health staff

The team must assess all factors outlined in the [PREA Sexual Abuse Incident Review](#), provide recommendations for improvement, and submit the report to the facility head and PREA compliance manager. The facility head must implement the recommendations for improvement or document the reasons for not doing so and forward the completed incident review form to the PREA coordinator.

The PREA coordinator will compile a summary of incident reviews, address any departmental changes needed, and provide an annual review to the department's leadership team.

The PREA compliance manager ensures the *PREA Sexual Abuse Incident Review* and investigation file are filed in the PREA folder.

20. Sanctions

All substantiated sexual abuse incidents are referred to law enforcement for possible prosecution.

Staff

Staff members are subject to disciplinary sanctions, up to and including termination, pursuant to *Sexual Misconduct with Offenders*, Policy 219, for:

- Engaging in sexual abuse of a resident.
- Failing to report to a supervisor any suspected or known sexual abuse of an resident by another resident, or by a staff, contractor, or a volunteer.
- Engaging in retaliatory conduct against a party involved in a sexual abuse or sexual harassment complaint.

A staff member who has engaged in sexual misconduct with a resident may be subject to criminal prosecution. Information regarding termination of staff for sexual misconduct or sexual harassment is also reported to relevant licensing bodies.

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Contractors and Volunteers

Any contractor or volunteer who engages in sexual abuse must be prohibited from contact with residents and must be reported to law enforcement agencies and to relevant licensing bodies.

Sanctions for Residents

Residents involved in sexual abuse of other residents can face criminal charges and IDOC administrative disciplinary action. Residents are subject to IDOC disciplinary actions for false reports, sexual abuse, sexual harassment, and consensual sexual activity in accordance with *Disciplinary Procedures: Residents*, SOP 318.02.01.001. Disciplinary actions may be taken even if the resident is not criminally charged, criminal charges are dismissed, or they are not convicted of the criminal charge.

If the sexual abuse was between a staff member and a resident, the resident can face criminal charges if evidence indicates that a staff member did not consent to sexual contact.

21. Data Collection and Review

The department must collect and review data on all incidents of sexual abuse and sexual harassment occurring in correctional facilities. Annually, the data is used to assess and improve the effectiveness of sexual abuse prevention, detection, response policies, practices, and training.

The PREA coordinator aggregates the data to respond to the Survey of Sexual Violence conducted by the Department of Justice. The PREA coordinator also prepares an annual report that identifies problem areas, and corrective action or changes were implemented. The report, when approved by the director, is posted on the IDOC website, www.idoc.idaho.gov.

The data collected is securely retained and maintained for 10 years after the date of the initial collection.

DEFINITIONS

Community Confinement Facility: A correctional facility in which residents reside while participating in gainful employment or employment search efforts. This definition includes St. Anthony Work Camp and community reentry centers and is only used for SOP 325.02.01.001 and PREA-related purposes.

Sexual Abuse, Level 1, Resident-Resident: Occurs if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse and includes any of the following acts:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva, or anus.
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.

Sexual Abuse, Level 2, Resident-Resident: Occurs if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse. Any other intentional touching either directly or through the clothing, of the genitalia, anus,

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groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual Harassment, Resident-Resident: Is repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another resident.

Staff Sexual Misconduct, Staff-Resident Sexual Abuse: Residents cannot consent to sexual contact with staff. Sexual abuse of an resident by a staff member, contractor, or volunteer includes the following categories of staff sexual misconduct and occurs with or without consent of the resident:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva, or anus.
- Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- Penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- Any other intentional contact, either directly or through the clothing of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in bullets above in this section.
- Any display by a staff member, contractor, or volunteer of their uncovered genitalia, buttocks, or breast in the presence of a resident.
- Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an resident by staff **for reasons unrelated to official duties**, such as peering at residents using a toilet in their cell to perform bodily functions; requiring an resident to expose their buttocks, genitals, or breasts; or taking images of all or part of an resident's naked body or of them performing bodily functions.

Sexual Harassment, Staff-Resident: Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Intersex: Means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sexual development.

Transgender: Means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

REFERENCES

[PREA Field Memorandum-Prisons](#)

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PREA Field Memorandum–CRCs

PREA Incident Action Plan

PREA Limited Services Training

PREA Mental Health Progress Report

PREA Retaliation Monitoring Form

PREA Finding Report

PREA Sexual Abuse Incident Review

PREA Sexual Abuse or Contact Checklist

PREA Staffing and Post Plan Review

Prison Rape Elimination Act, Prison and Jail Standards, 28 C.F.R. Part 115

Policy 219, *Sexual Misconduct with Offenders*

Policy 315, *Suicide Risk Management*

Standard Operating Procedure 105.01.01.006, *Administrative Investigations*

Standard Operating Procedure 105.02.01.001, *Reporting and Investigation of Major Incidents*

Standard Operating Procedure 116.02.01.001, *Custody of Evidence*

Standard Operating Procedure 205.02.01.001, *Corrective and Disciplinary Action*

Standard Operating Procedure 318.02.01.001, *Disciplinary Procedures: Inmate*

Standard Operating Procedure 322.02.01.001 *Transports: Medical, Court, Family Emergency, and State*

Standard Operating Procedure 401.06.03.501, *Gender Dysphoria: Healthcare for Inmates with*

Standard Operating Procedure 402.02.01.001, *Mail Handling in Correctional Facilities*

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